## **EXHIBIT** E

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PAGE 03/05

12:56:21--PM @023164261985 ADA Dental Claim Form ADA VERSION 2012 HEADER INFORMATION 1. Type of Transaction (Mark all applicable boxes) Statement of Actual Gervices Request for Predi EPSDT/TINL XIX POLICYHOLBER/SUBSCERRED INFORMATION (For bisurance Company Mamed In 83) 2. Predetermination/Presultionization Number 12. Pattoyholder/Subecriber Nazzie (Last, First, Middle Initial, Sustiq, Address, City, State, Zip Code McKenna, Jessica UNSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION 3. Company/Plan Heave, Address, City, State, Zip Code Middle Grove, NY 12850 DentaQuest PO Box 2906 14. Gender 15. Policyholden/Suberiber ID (SSN or IDF) 18, Date of Birth (MA/DD/CCYV) Milwaukee, NI 53201-2906 10000396 MXF OTHER DOVERAGE (mark applicable box and complain forms 5-11. (f none, howe black.) 16. Plan/Group Number 4. Dental? (If both, complete S-11 for dental only.) 5. Hanne of Pulloyholder/Gubecriber in #4 (Lext, First, Middle tritle), Suffic PATIENT INFORMATION 19. Reserved For Future 16. Relationship to Polloyholder/9 deciber in #12 Abo Self Spouse Dependent Child Other G. Date of BIRTH (MIMODOICCYYY) 7. Gender E. Policyholder/Bubscriber ID (BSN or ID#) 20, Name (Last, First, Middle Intital, Suflay, Address, City, State, Zip Code M P 10. Patient's Relationship to Person named in #5 9. Plan/Group Husbon Salf Spouse Dependent Coner 11. Other insurance Occupany/Dunial Securiti Plan Harto, Address, City, State, Zip Code 23. Pullant (Discount & (Assistmed by Certica) 21. Date of Birth (MM/DD/CCYY) 22. Gender 109415 40653 M P RECORD OF SERVICES PROVIDED of Coal Tools 27, Their Number(s) or Letter(s) 28, Yearth Berlass 29. Provedere Códe 20th Disp. 80 Description St. Fee 34, Precedure Date (MANDO/CCYY) 29b. 3200.00 Sinus Graft/RidgeAugmen.-late D7951 01 1 06/02/2023 10 Sinus Graft/RidgeAugmen.-late 3200.00 01 2 06/02/2023 20 D7951 Guided bone regeneration 3000.00 D7950 01 3 06/02/2023 10 3000.00 D7950 01 Guided bone regeneration 4 06/02/2023 20 6 6 7 6 6 10 S4. Diagrania Code List Qualifler (1CD-9 = B; ICD-10 = AB ) 31a. Other Fee(s) 33, Missing Tooth information (Place ed "7" on each missing booth) 14 15 16 1 2 3 4 5 6 7 0 9 10 11 12 19 32. Total Fee 12400.00 22 31 30 29 26 27 28 25 34 23 22 21 20 19 19 17 (Primary diagnosis in "A") ANCILLARY CLASSIFICATION INFORMATION AUTHORIZATIONS 36. I have been informed of the treatment plan and associated free. I agree to be responsible for all charges for deadl overfore and protected not field by my dental benefit plan, or her prohibited by term or all the protected agreement with my plain prohibited or a profile of each charges. To the extent permitted by term, I consent to your use and disclosure of my protected health information to curry out preparent activities in connection with this claim. 38. Place of Treatment 11 (n.g. 11 realize; 22=Q/P Heaptin) 39. Enclosures (Y or N) Glas 'Place of Service Codes for Professional Claims'? 41. Date Appliance Places (MAPDD/CCYY) 40. is Yestment for Orthodoxidos? 06/12/2023 x Patient Signature on file 43. Regiscement of Prosthesis 44, Date of Prior Pleasment (MM/DO/OCYY) 42. Months of Treatment Pedest Geerden Signature Remaining No Wes (Complete 44) I harsby authorize and direct payment of the dental benefits ofterwise payable to me, directly to the below named dental entity. 45. Treeksent Resutting from Other excident Occupational Engenity of Auto accident X Subscriber Signature 47. Auto Accident State 48. Date of Accident (MANDD/CCYY) THEATING DENTIST AND TREATMENT LOCATION INFORMATION INILLING DENTIST OR DESITAL ENTITY (Leave black if during or denial entity is not substiting claim on behalf of the petient or insered/subscribes.) 53. I hereby certily that the procedures as indicated by data are in programs (for procedures that require multiple visital or have been completed. 48, Herne, Address, City, State, Zip Code Sean Ference DDS X Sean Sean Ference Bigned (Treating Dentist) 06/12/2023 838 Western Avenue Date 64. NPI 1609360999 65. License Humber 061790 Albany, NY 12203 1223P0300X 68, Address, City, State, Zio Code 51. 65N or TIN 838 Western Avenue 60. Liberso Number

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Albany, NY 12203

67. Phone (518) 489-3201

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Reed Ference DDS, M. DENT. SC Scan Ference DDS, M. DENT. SC 838 Western Ava Albany, NY 12203

(518) 489-3201 www.albanyperioandlimplants.com

## Fax

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Jessica McKenna (109415)

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40 New Street, Saratoga Springs, New York: 12856 (2000) 628-0087 (2510) 587-5188 (Fig. 1578) 587-0959.

This office stryes Surgeon Morrers and Mainington Chineles

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May 10, 2023

Control only
Search (Search Area
Alberty HT 1200 Pax no.: 518-689-0015

to re: Jessey McKewn.

Dear Dr. Perence:

Our office is restring your pedens, lets. Lession McKenna with an appeal of a prior authorization desiral by Denna Caren. Mr. McKenna stared with as there are a shous April 20, 2021, your office edited Denia Caren for a protestantismition for services, which was verbally healed. We not to the protestant submitting an appeal of that water denial. Please priviles as with a copy of the request for services, or otherwise let us know the procedure modes; for the denied services. We would like to include specific under appeal request. Please and on a copy of the documents via fax to (518)387-0959, or call me at (518)387-3959, at 446 to provide this codies.

A HIPAA Authorization, signed by Ichiles McKerom is enclosed.

Should you have any questions or concerns about this request, please contact-me at ph. \$18.587-5188, ear. 446. Think you for your assistance with this matter.

Kindest regards,

Legal Ald Society of Northesisers New York Inc. by Kastadidova, Biq. Senior Automey 40 New Seroes Senioga Springs NY 12866

Co. Jessica Mickenna

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PAGE 05/05

Jessica McKenna (109415)

Image Name: Letter for ins

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## PRIMARY CARE

Complex Care Center

Adela Planenna, DES, MS Director of Dental Services at Compiles Care Conter 905 Cather Rd. Roobester, NY, 14609



fler Jestien, Melterere

Ady 14, 2021

To whom II sury concern,

Our mutual petient lessics Middenne was recently seen for evaluation and treatment at The Complex Care Center, Dental clinic, Security Interests institute for Craf Health, University of Routester.

This patient's complex medical instary includes familial Cold Autoinflamentry disease, severa exocitize personatic insufficiency, amplificary inversagethy, systematic dynamics of the dest planeten, characteristic, politic, collis, colonic interitis, testy liver, ingramobility spectrums, bepophysical, joint and links estema, liquid replacions, lymphadums, implementation, and colonic interitis, joint and links estema, liquid replacions, lymphadums, implementation, and colonic inference of colonic inference and colonic interitis in production of colonic interitis in a colonic interitis interitis in a colonic interitis interitis in a colonic interitis in a colonic interitis in a colon texatives, Zofres, encroting,

History of profess: Jestics is 34 y old forming in our care the design and profess needs. We provided full mouth extractions at the Operating Propose patting in the Coperating Propose patting in the Section of 2/2020, unfortunately with alder effect of possible reverse local effection to payable bears of the destayor.

Resed on clivery and it was planted constitution the disposite includes:

• Education results and mondities.

The current executivent suggeste.

- Patient has been treated at our recommendation at CR living requely and all consisting teath were removed during general enesthesis vist.
- Our trentpiert plan included replacing the estating treats with destares.
   Patient experienced localisms always reactions to acrylic beams of disotures and side not colorate to scott the destare.
   Patient is struggling with fixed littake as she is not take to one the destarce and it affects for well-story.
- Alternative tyeotroms plan would include placement of implicit which would support maidlery and mandibules bridges or overdenture, quality this treatment is not covered by insurance.

Januar's underling medical disease limits her shifty to unterpte and manage a requestable declares system. We regard to restore
the function of destifier by treatment of surroutes of fund heligar conjected by hardened due to destines of declare health
day to restruction. We believe that restoration of destiden will be noting product in restorate.

Thank you for exceleration to support this breatment plan. Best Regerds,

Adels Planerove, DCS, MS

906 Culver Rd. Rochester, MY 14809 Appaintments: 503-270-700

for: (815-281-138)